

Virginia Vital Events and Screening Tracking System

VISITS Follow-Up Provider / Hospital User Logon Request Form

NAME: Last _____ First _____ Middle _____

User ID: _____ Phone#: _____ Email: _____

Follow-Up Provider / Hospital Name: _____

Address: _____ City _____ State _____ Zip Code _____
(Access will be associated with this address/facility ONLY)

Working Title: _____ Date: _____

Optional: Notary ID #: _____ Notary Expiration Date: _____

	Role Name	Description of Job Function
	BASIC_LOGIN	This role need be assigned to all users of the application.
	HOSPITAL_HEARING	This role is used by hospital Virginia Early Hearing Detection Intervention and Education Program (VEHDIP) users.
	HOSPITAL_VACARES	This role is used by hospital Virginia Congenital Anomalies Reporting and Education System (VaCARES) users.
	AUDIOLOGY	This role is used by VDH approved audiologists users with diagnostic capabilities.
	RESCREENING	This role is used by VDH approved screening site users.

The user agrees to keep the access information like logon-id and password to the Virginia Vital Events and Screening Tracking System confidential. Follow-Up Providers / Hospitals are required to report with in one week from the termination of an employee to Division of Child and Family Health for terminating the Virginia Vital Events and Screening Tracking System user account.

SIGNATURES:

Employee/Contractor: _____ Date: _____

MANAGEMENT APPROVAL:

Supervisor/Manager/Program Director

Print Name: Last _____ First _____ Middle _____

Title: _____ Phone #: _____ Email: _____

Signature: _____ Date: _____

VDH APPROVAL:

Division of Child and Family Health: _____ Date: _____

For Program Questions please call 804-864-7717/866-493-1090 Email; hearing@vdh.virginia.gov

VDH Application Help Desk Contact Information:	
Phone Number	804-864-7200 and select option 2
FAX Number	804-864-7155
Email	vim_webappshelp@vdh.virginia.gov